



Teaching Assistant Application Form

Student Application Section – TO BE COMPLETED 1st

- 1. STUDENT NAME: DATE:

- 2. STUDENT NUMBER:

- 3. STUDENT (UBC) EMAIL ADDRESS (THIS NEEDS TO BE THE ONE ON THE SISC SYSTEM):

- 4. CURRENT ADDRESS:

- 5. TELEPHONE NUMBER:

- 6. DID YOU RECEIVE A TEACHING ASSISTANT POSITION LAST YEAR?

YES NO

7. IF YES, WHAT COURSES DID YOU SUPPORT AS A TEACHING ASSISTANT?

Course Number	Course Name	I would like this assignment again	I would prefer a different assignment
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9. PLEASE INDICATE THE AREAS YOU WOULD PREFER TO WORK IN AS A TEACHING ASSISTANT.

Anatomy	Research Methods	Statistics
Exercise Physiology	Physiology	Health Behaviour Change
Nutrition	Exercise Prescription	Exercise Psychology

10. PLEASE LIST ANY SPECIFIC COURSES YOU WOULD PREFER TO WORK IN AS A TEACHING ASSISTANT (although this cannot be guaranteed).

11. PLEASE PROVIDE ANY ADDITIONAL COMMENTS WHICH MAY HELP INFORM YOUR SPECIFIC TEACHING ASSISTANT ALLOCATION:

12. PLEASE PROVIDE THE DETAILS OF ANY EXTERNAL GRANT APPLICATIONS YOU HAVE MADE, AND THE DATE BY WHICH YOU WILL HAVE RECEIVED OFFICAL NOTIFICATION.

13. WILL YOU BE A FULL TIME GRADUATE STUDENT NEXT YEAR?

YES

NO

14. DO YOU PLAN TO BE AWAY FROM CAMPUS DURING THE FORTHCOMING YEAR? IF SO, PLEASE PROVIDE THE DATES OF YOUR ABSENCE.

15. STUDENT SIGNATURE:



Supervisor/Faculty Application Section – To be completed 2nd

1. SUPERVISOR NAME:

DATE:

2. DO YOU WANT THIS STUDENT TO BE SUPPORTED FROM YOUR NOMINAL 2.0 FTE?

1.0 (FULL TA)

0.5 (HALF TA)

NO, BUT STILL SUPPORT THIS STUDENT HAVING A TA IF THERE ARE ANY FURTHER AVAILIABLE.

Note: You may support the application for greater than two (2) Teaching Assistants, however, confirmation of additional Teaching Assistants will depend on availability and is not guaranteed.

Note: Teaching Assistants confirmed for this year, beyond the two (2) Teaching Assistants provisionally allocated, does not guarantee Teaching Assistant support for these individuals in subsequent years. (Notwithstanding TA's with previous experience receive preference).

3. PLEASE PROVIDE ANY ADDITION COMMENTS WHICH MAY HELP INFORM YOUR SPECIFIC TEACHING ASSISTANT REQUEST.

4. SUPERVISOR SIGNATURE: